

HISTORY 291: DISEASE, MEDICINE, AND HISTORY: FALL 2002

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Course Description and Objectives: The history of disease and medicine has been one of the most dynamic and exciting fields of historical scholarship for the past couple of decades. This course examines the interactions and interrelationships of disease, healers (both orthodox and heterodox), and patients in historical context. Questions we will investigate include: How has disease influenced human history? How have humans influenced the history of disease? How have people perceived, experienced, and coped with disease? The main geographical and chronological focus will be on Western Civilization since 1500, but we will begin with an overview of medicine and disease in the ancient and medieval periods. The perspective is primarily social and cultural, but the vocabulary is sometimes technical. The format is lecture/discussion, with emphasis on student-centered discussion.

Skills Guidelines: Students in 200 level courses are required to demonstrate the following skills:

- Think and write analytically and critically using historical material
- Develop basic research skills
- Develop own interpretation and defend it
- Examine basic bibliographical and historiographical knowledge of particular topic/region/period

Course Requirements

Required Reading:

J. N. Hays, *The Burdens of Disease: Epidemics and Human Response in Western History*
David Rothman, Steven Marcus, and Stephanie Kiceluk, eds., *Medicine and Western Civilization*
Elizabeth Fenn, *Pox Americana: The Great Smallpox Epidemic of 1775-82*
Electronic journals articles, web sites, and occasional handouts

Highly Recommended:

A medical dictionary: Merriam-Webster's, Black's, or Dorland's
Richard Marius and Melvin Berg, *A Student's Guide to Writing About History*
Kate Turabian, *A Manual for Writers of Term Papers, Theses, and Dissertations*

Exams: There will be two examinations, a mid-term and a comprehensive final. The mid-term will be worth 20% of your grade and the final 30 %. Exams will include essay and short answer questions. ***No makeup exams can be given without a verifiable, documented excuse.***

Paper: A short research paper (about 6 pp) . Instructions will be handed out on a separate sheet.

Portfolio: Students should keep an orderly portfolio containing anything they have written for the class: class notes, notes on reading, film worksheets. The journal will not be graded, but you can use it on exams.

Class Participation: I like an interactive class! Active and informed involvement is expected and essential to the success of the class. You cannot participate effectively if absent, asleep, or unprepared. The quality as well as the quantity of your input will be considered when computing final grades (i.e., you will not get "points" for discussing something you have not read.). Please feel free to ask questions at any

time – in class, by e-mail or at my office. This is an important part of participation, too. We will have regular class discussions. Most of these will focus on analysis of primary sources (the readings in *Medicine and Western Civilization* and occasional web readings or handouts on the schedule). Two classes will be devoted to discussion of Fenn's *Pox Americana*.

Response Papers

To help ensure active and informed discussion, students are required to turn in eight satisfactory response papers on the readings, four before the mid-term exam and four between the mid-term and the final exam. ***Do not summarize the reading.*** Ask questions of it and/or focus on issues you would like to discuss. Simply write them up something like this: "I have the following question(s) about this reading:" or "I would like to discuss the following issue(s):" Length: A couple of sentences will normally be sufficient. The quality (not length) of your response papers will be factored into your class participation grade

Response papers must be on one or more of the readings for the day they are submitted. They are due at the beginning of class. You may not turn in more than one response paper per class. Make two copies: one for you and one for me. Type or write neatly! Response papers will be graded satisfactory or unsatisfactory.

Attendance Policy: Regular and punctual attendance is essential. A personal roll sheet will be circulated for you to sign each day. It is your responsibility to make sure that it is signed. If you know you are going to miss a class for a CofC function or other good reason, please let me know beforehand (hint: "surf's up" is not a good reason).

Grade computation: Mid-term Exam: 20% Final Exam: 30% Paper: 20% Class participation (Includes participating in discussion, response papers, attendance): 30%

Grading Scale: A=90-100 B+=87-89 B=80-86 C+=77-79 C=70-76 D=60-69

Cheating and Plagiarism: The Honor Code of the College of Charleston specifically forbids cheating, attempted cheating, and plagiarism. A student found guilty of these offenses will receive a failing grade in the course. Additional penalties may include suspension or expulsion from the College at the discretion of the Judicial Board. See the College of Charleston Student Handbook for definitions of these offenses.

Classroom Etiquette:

Treat others with courtesy and respect, as you would like to be treated.

Come to class on time, and leave when dismissed.

If you must come in late or leave early, please, no grand entrances or exits! Come and go like a mouse.

Turn off cell phones and beepers in class.

If you must sleep, go home. Your bed is more comfortable than the chairs in here.

If you consume potables or comestibles, observe the following rules of civilized behavior: don't slurp, belch, chew audibly, crunch, or drool, and please clean up after yourself.!

HISTORY 291 SCHEDULE: FALL 2002

RR = Required Reading MWC = *Medicine and Western Civilization*

EJ = Electronic Journal (access through CofC Library Homepage)

Tues. Aug. 20

Introduction

Thurs. Aug. 22

Perspectives on Disease, Medicine, & History

RR: Hays, Introduction

WEB: Thucydides, "The Plague of Athens," from *The History of the Peloponnesian War* (431 BCE), Book II, Chap.7 <http://classics.mit.edu/Thucydides/pelopwar.2.second.html>
(The description of the plague is at the beginning of this chapter; about 4 pages long)

Tues. Aug. 27

The Ancient World

RR: Hays, chap. 1

MWC: The Bible, pp.11-16, 263-67 ; Hippocrates, pp. 43-47, 139-144, 261-262

Thurs. Aug. 29

The Medieval World

RR: Hays, chap. 2

MWC: Jordan of Turre, (14th century); Kramer and Sprenger, pp. 274-277 (1486)

Tues. Sept. 3

The Great Plague Pandemic: 14th-17th centuries

RR: Hays, chap. 3

ER: Contemporary Narratives of the Great Plague of London, 1665

WEB: <http://www.ac.wvu.edu/~stephan/Graunt/pictures/pictures.html>
(Woodcuts depicting events of London's 1665 plague epidemic)

Thurs. Sept. 5

The Columbian Disease Exchange: Great Pox and Smallpox

RR: Hays, chap. 4

MWC: Ulrich von Hutten, (1519)

Handout: James Adair, from *History of the American Indians* (1775)

Tues. Sept. 10

Medicine & The Scientific Revolution

RR: Hays, chap. 5

MWC: Andreas Vesalius (1543), William Harvey (1628), Robert Burton (1621)

Thurs. Sept 12

The Medical Enlightenment

RR: Hays, chap. 6

MWC: Edward Jenner (1798), Philippe Pinel (1801) 166-77 (1793), 344-51

Tues. Sept. 17

Medicine and Midwifery

Film: *A Midwife's Tale*, selections

Learn about and view Martha Ballard's Diary:

WEB: http://www.dohistory.org/diary/1785/01/17850101_img.html

Thurs. Sept. 19

Enlightenment, cont'd

Tues. Sept. 24

Smallpox and the American Revolution

RR: Fenn, *Pox Americana*, 1-134

Thurs. Sept. 26

Smallpox and the American Revolution

RR: Fenn, *Pox Americana*, 135-277

Tues. Oct. 1

Cholera, Sanitation, and Public Health

RR: Hays: chap. 7

MWC: Edwin Chadwick (1842)

WEB: John Snow, *On the Mode of Communication of Cholera* (1855)

<http://www.ph.ucla.edu/epi/snow/snowbook.html>

Thurs. Oct. 3

*****MIDTERM EXAM*****

Tues. Oct. 8

Tuberculosis

RR: Hays, chap. 8

Film: *The People's Plague: TB in America*

Thurs. Oct. 10

Tuberculosis

Film: *The People's Plague: TB in America*

Tues. Oct. 15

FALL BREAK

Thurs. Oct. 17

Discussion of Research Papers: Problems and Solutions

Bring Questions

Tues. Oct. 22

Disease, Race, and Imperialism

RR: Hays, chap. 9

EJ: Philip D. Curtin, "The End of the 'White Man's Grave'? Nineteenth-Century Mortality in West Africa," *Journal of Interdisciplinary History* (1990) 21:63-88.

Thurs. Oct. 24

The Beginnings of Modern Medicine

RR: Hays, chap. 10

MWC: Rene Laennec (1818), Frances Burney (1811) James Y. Simpson (1849),
Ignaz Semmelweiss (1861)

Tues. Oct. 29

Scientific Medicine & Germ Theory

RR: **MWC:** Claude Bernard (1865), Joseph Lister (1867), Louis Pasteur (1880), Robert Koch (1882)

Thurs. Oct. 31

Modern Medical Institutions: Hospitals & Nursing

RR: **MWC:** Dorothea Dix (1843), Florence Nightingale (1859), Mass. General Hospital (1861)

Film: *Florence Nightingale: Iron Maiden*

Tues. Nov. 5

Medicine & Gender

RR: **MWC:** Edward Clarke (1874), Mary P. Jacobi (1886), Elizabeth Blackwell (1890)

Thurs. Nov. 7

Representing Healers

Bramwell: Cholera

Tues. Nov. 12

Representing Healers

Images of Doctors & Nurses

Thurs. Nov. 14

The Triumph of Western Medicine?

RR: Hays, chap 11

EJ: Niall Johnson and Juergen Mueller, "Updating the Accounts: Global Mortality of the 1918-1920 'Spanish' Influenza Pandemic," *Bulletin of the History of Medicine* (2002) 76: 105-115

Film: *1918: The Great Influenza Epidemic*

WEB: <http://www.pbs.org/wgbh/pages/amex/influenza/> (Information about film and influenza)

Tues. Nov. 19

Disease & Power

RR: Hays, chap. 12, **MWC:** George Orwell

Thurs. Nov. 21

Disease & Power

Film: *1954: Living Longer*

Tues. Nov. 26

Discussion: Current Issues & Review

RR: TBA

Last Date to turn in papers

Thurs. Nov. 28
Thanksgiving

Tues. Dec. 3: Reading Day

Tues. Dec. 10, 8-11am: *FINAL EXAM*****

HISTORY 291: DISEASE, MEDICINE AND HISTORY
DR. P. MCCANDLESS

GLOSSARY OF TERMS

The following are some basic terms you are likely to confront in studying the history of medicine. There will be others. If you don't understand a term, look it up and write down the definition. Many can be found in a good ordinary dictionary. Others may require a dictionary of medicine. Add to the list and keep the definitions handy as you read.

acute disease
anaesthesia (or, anesthesia)
analgesia
anodynes
antiseptics
antiphlogistics
antipyretics
asepsis
chronic disease
diagnosis
emetic
endemic, epidemic, pandemic
epidemiology
etiology
hypnotics
humors (or, humours)
immunology
inflammation
inoculation
neurology
nosology
pathology
phlebotomy
physiology
prognosis
purgative
sedative
sepsis
somatic
therapeutics
toxin
tranquilizer
vaccination
venesection

INSTRUCTIONS FOR PAPER PRIMARY SOURCE ANALYSIS: DOING HISTORY

“No one can profit by historical research ... unless he does some for himself.”

Carl Becker

Assignment: A 5-6 page analysis of a primary source. Primary sources are sources produced during the time period under study. They include journals, autobiographies, memoirs, diaries, correspondence, newspapers, government documents, works of literature etc. In medical history they also include medical treatises, textbooks, patient records, etc. written during the time period under study. Your paper should focus on the following:

1. Place the source in context. Explain who wrote it, when and where, what kind of source it is, and who is the intended audience. Provide brief biographical details about the author if possible. Provide relevant basic information about the environment in which the source was produced.
2. Summarize the contents of the source. Discuss the kind(s) of information the source contains. Relate it to other things you have read or learned in the course.
3. Evaluate the source using the following questions. Consider the usefulness of the source for the student of medical history. How does it expand our understanding of the medical past? What are its shortcomings or pitfalls as a source? What care needs to be exercised in using the source historically? What other sources or types of historical evidence might be used to overcome these problems? Support your argument with specific examples and quotations from the source.

Documentation: Provide a full bibliographical citation for your primary source at the top of your paper just under your title. When quoting or citing specific passages from the source, cite page numbers in parentheses. Any other source you use must be documented in a footnote or endnote in the humanities format. On citations, consult Kate Turabian, *A Manual for Writers of Term Papers*. Copies are on general reserve in the library.

Length, Format: Papers should be 5-6 typewritten pages (about 1500 words), double-spaced, with 1" margins. Number pages. Do not put the paper in a folder or binder. Staple or clip the pages together.

Evaluation: Papers will be evaluated on both content (what you write) and form (how you write it: organization, grammar, clarity, style, citations). Revise! Revise! Revise! Proofread for misspellings, missing words, sentence fragments, typos, etc. Use the computer spell check. Have someone else proofread the paper. Numerous mechanical errors imply either a lack of effort or a last-minute rush to finish the paper. Both reflect poorly on you as an author.

Help: For help with the mechanics of writing, visit the Writing Lab (216 Education). Please also feel free to discuss your paper with me at any stage of the process.

Due: Nov. 16. Papers turned in by Nov. 2 qualify for the **EARLY BIRD SPECIAL**. They may be revised for a higher grade. Late papers will be penalized a minimum of one letter grade. Print copies of your paper as you revise to prevent being “paperless” due to a last-minute computer malfunction.

Approved Primary Sources: Choose one source from the following list for your primary source analysis. Or, if you are interested in doing an analysis of newspaper or periodical coverage of an issue relating to disease or medicine, consult me for suggestions.

[Note: Sources with WHL next to them are in the Waring Historical Library at MUSC]

Abbott, Simon. The Southern Botany Physician (c. 1840) WHL
Bigelow, Jacob. A Discourse on Self-Limited Diseases. (1835) WHL.
Buchan, William. Domestic Medicine. (various eds. 1769-1807)
Chadwick, Edwin. Report on the Sanitary Condition of the Labouring Population of Great Britain. (1842)
Childbed Fever: A Documentary History, ed, by Irvine Loudon.
Ewell, James. The Medical Companion. (1819)
Gooch, Robert. A Practical Compendium of Midwifery (1835) WHL
Griscom, John. The Sanitary Condition of the Laboring Population of New York (1845) WHL
Hill, John. Hypochondriasis: A Practical Treatise. (1766)
Gunn, John. Gunn's Domestic Medicine (1830)
Hawks, Esther Hill. A Woman Doctor's Civil War: Esther Hill Hawk's Diary (1861-65)
Holmes, Oliver Wendell. The Contagiousness of Puerperal Fever (1840s)
Keitt, John. "On the Duties of a Physician." Inaugural Thesis, Medical College of the State of South Carolina, 1844. WHL. (This is one of hundreds of student theses in the WHL, dated between 1825-1860.)
Kilpatrick, James. An Essay on Inoculation (1743) WHL
Lewis, Sinclair. Arrowsmith (novel, 1925)
Markham, Gervase. The English Housewife (1630)
Nightingale, Florence. "I Have Done My Duty": Florence Nightingale in the Crimean War, 1854-1858, letters ed. by Sue M. Goldie
Nightingale, Florence. Ever Yours, Florence Nightingale: Selected Letters, ed. by Martha Vicinus & Bea Nergaard.
Nightingale, Florence. Notes on Nursing (1860) WHL
Palmer, Thomas. The Admirable Secrets of Physick and Chyrurgery. (early 18th c.)
Ramsay, David. A Review of the Improvements, Progress, and State of Medicine in the XVIIIth Century. (1800)
Ramsay, David. A Dissertation on the Means of Preserving Health in Charleston and the Adjacent Low Country (1790) WHL
Report of the City Council of Charleston Upon the Epidemic Yellow Fever of 1858.
Semmelweis, Ignaz. The Etiology, Concept, and Prohylaxis of Childbed Fever (1840s)
Simons, J. Hume. The Planter's Guide, and Family Medical Companion. (1848)
Shaw, Bernard. The Doctor's Dilemma (play, 1911)
Smellie, William. An Abridgement of the Practice of Midwifery (1754) WHL
Smith, Margaret Charles & Linda J. Holmes, Listen To Me Good: the Life Story of an Alabama Midwife (1966)
Wesley, John. Primitive Physick. (1747 and other editions) WHL
Thomson, Samuel. Family Botanic Medicine.(1819) WHL
_____. Learned Quackery Exposed. (1836) WHL
_____. New Guide to Health. (1832) WHL

Chapter VII

Second Year of the War - The Plague of Athens - Position and Policy of Pericles - Fall of Potidaea

Such was the funeral that took place during this winter, with which the first year of the war came to an end. In the first days of summer the Lacedaemonians and their allies, with two-thirds of their forces as before, invaded Attica, under the command of Archidamus, son of Zeuxidamus, King of Lacedaemon, and sat down and laid waste the country. Not many days after their arrival in Attica the plague first began to show itself among the Athenians. It was said that it had broken out in many places previously in the neighbourhood of Lemnos and elsewhere; but a pestilence of such extent and mortality was nowhere remembered. Neither were the physicians at first of any service, ignorant as they were of the proper way to treat it, but they died themselves the most thickly, as they visited the sick most often; nor did any human art succeed any better. Supplications in the temples, divinations, and so forth were found equally futile, till the overwhelming nature of the disaster at last put a stop to them altogether.

It first began, it is said, in the parts of Ethiopia above Egypt, and thence descended into Egypt and Libya and into most of the King's country. Suddenly falling upon Athens, it first attacked the population in Piraeus- which was the occasion of their saying that the Peloponnesians had poisoned the reservoirs, there being as yet no wells there- and afterwards appeared in the upper city, when the deaths became much more frequent. All speculation as to its origin and its causes, if causes can be found adequate to produce so great a disturbance, I leave to other writers, whether lay or professional; for myself, I shall simply set down its nature, and explain the symptoms by which perhaps it may be recognized by the student, if it should ever break out again. This I can the better do, as I had the disease myself, and watched its operation in the case of others.

That year then is admitted to have been otherwise unprecedentedly free from sickness; and such few cases as occurred all determined in this. As a rule, however, there was no ostensible cause; but people in good health were all of a sudden attacked by violent heats in the head, and redness and inflammation in the eyes, the inward parts, such as the throat or tongue, becoming bloody and emitting an unnatural and fetid breath. These symptoms were followed by sneezing and hoarseness, after which the pain soon reached the chest, and produced a hard cough. When it fixed in the stomach, it upset it; and discharges of bile of every kind named by physicians ensued, accompanied by very great distress. In most cases also an ineffectual retching followed, producing violent spasms, which in some cases ceased soon after, in others much later. Externally the body was not very hot to the touch, nor pale in its appearance, but reddish, livid, and breaking out into small pustules and ulcers. But internally it burned so that the patient could not bear to have on him clothing or linen even of the very lightest description; or indeed to be otherwise than stark naked. What they would have liked best would have been to throw themselves into cold water; as indeed was done by some of the neglected sick, who plunged into the rain-tanks in their agonies of unquenchable thirst; though it made no difference whether they drank little or much. Besides this, the miserable feeling of not being able to rest or sleep never ceased to torment them. The body meanwhile did not waste away so long as the distemper was at its height, but held out to a marvel against its ravages; so that when they succumbed, as in most cases, on the seventh or eighth day to the internal inflammation, they had still some strength in them. But if they passed this stage, and the disease descended further into the bowels, inducing a violent ulceration there accompanied by severe diarrhoea, this brought on a weakness which was generally fatal. For the disorder first settled in the head, ran its course from thence through the whole of the body, and, even where it did not prove mortal, it still left its mark on the extremities; for it settled in the privy parts, the fingers and the toes, and many escaped with the loss of these, some too with that of

their eyes. Others again were seized with an entire loss of memory on their first recovery, and did not know either themselves or their friends.

But while the nature of the distemper was such as to baffle all description, and its attacks almost too grievous for human nature to endure, it was still in the following circumstance that its difference from all ordinary disorders was most clearly shown. All the birds and beasts that prey upon human bodies, either abstained from touching them (though there were many lying unburied), or died after tasting them. In proof of this, it was noticed that birds of this kind actually disappeared; they were not about the bodies, or indeed to be seen at all. But of course the effects which I have mentioned could best be studied in a domestic animal like the dog.

Such then, if we pass over the varieties of particular cases which were many and peculiar, were the general features of the distemper. Meanwhile the town enjoyed an immunity from all the ordinary disorders; or if any case occurred, it ended in this. Some died in neglect, others in the midst of every attention. No remedy was found that could be used as a specific; for what did good in one case, did harm in another. Strong and weak constitutions proved equally incapable of resistance, all alike being swept away, although dieted with the utmost precaution. By far the most terrible feature in the malady was the dejection which ensued when any one felt himself sickening, for the despair into which they instantly fell took away their power of resistance, and left them a much easier prey to the disorder; besides which, there was the awful spectacle of men dying like sheep, through having caught the infection in nursing each other. This caused the greatest mortality. On the one hand, if they were afraid to visit each other, they perished from neglect; indeed many houses were emptied of their inmates for want of a nurse: on the other, if they ventured to do so, death was the consequence. This was especially the case with such as made any pretensions to goodness: honour made them unsparing of themselves in their attendance in their friends' houses, where even the members of the family were at last worn out by the moans of the dying, and succumbed to the force of the disaster. Yet it was with those who had recovered from the disease that the sick and the dying found most compassion. These knew what it was from experience, and had now no fear for themselves; for the same man was never attacked twice- never at least fatally. And such persons not only received the congratulations of others, but themselves also, in the elation of the moment, half entertained the vain hope that they were for the future safe from any disease whatsoever.

An aggravation of the existing calamity was the influx from the country into the city, and this was especially felt by the new arrivals. As there were no houses to receive them, they had to be lodged at the hot season of the year in stifling cabins, where the mortality raged without restraint. The bodies of dying men lay one upon another, and half-dead creatures reeled about the streets and gathered round all the fountains in their longing for water. The sacred places also in which they had quartered themselves were full of corpses of persons that had died there, just as they were; for as the disaster passed all bounds, men, not knowing what was to become of them, became utterly careless of everything, whether sacred or profane. All the burial rites before in use were entirely upset, and they buried the bodies as best they could. Many from want of the proper appliances, through so many of their friends having died already, had recourse to the most shameless sepultures: sometimes getting the start of those who had raised a pile, they threw their own dead body upon the stranger's pyre and ignited it; sometimes they tossed the corpse which they were carrying on the top of another that was burning, and so went off.

Nor was this the only form of lawless extravagance which owed its origin to the plague. Men now coolly ventured on what they had formerly done in a corner, and not just as they pleased, seeing the rapid transitions produced by persons in prosperity suddenly dying and those who before had nothing

succeeding to their property. So they resolved to spend quickly and enjoy themselves, regarding their lives and riches as alike things of a day. Perseverance in what men called honour was popular with none, it was so uncertain whether they would be spared to attain the object; but it was settled that present enjoyment, and all that contributed to it, was both honourable and useful. Fear of gods or law of man there was none to restrain them. As for the first, they judged it to be just the same whether they worshipped them or not, as they saw all alike perishing; and for the last, no one expected to live to be brought to trial for his offences, but each felt that a far severer sentence had been already passed upon them all and hung ever over their heads, and before this fell it was only reasonable to enjoy life a little.

Such was the nature of the calamity, and heavily did it weigh on the Athenians; death raging within the city and devastation without. Among other things which they remembered in their distress was, very naturally, the following verse which the old men said had long ago been uttered: